County: Washington SAMARITAN HEALTHCARE SUBACUTE 551 SILVERBROOK DRIVE WEST BEND 53095 F

WEST BEND 53095 Phone: (262) 334-8599
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/00): 18
Total Licensed Bed Capacity (12/31/00): 23
Number of Residents on 12/31/00: 9

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

County
Skilled
No
Yes
12

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00	9) %				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	<u>%</u>	Age Groups	% 	Less Than 1 Year 1 - 4 Years	100. 0 0. 0
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	0. 0 0. 0	Under 65 65 - 74	33. 3 22. 2	More Than 4 Years	0.0
Respite Care Adult Day Care	No No	Mental Illness (Other) Alcohol & Other Drug Abuse	0. 0 0. 0	75 - 84 85 - 94	22. 2 22. 2	*********	100.0
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemi pl egi c Cancer	0. 0 0. 0	95 & 0ver	0. 0	Full-Time Equivale Nursing Staff per 100 l	
Home Delivered Meals Other Meals	No No	Fractures Cardi ovascul ar	55. 6 0. 0	65 & 0ver	100. 0 66. 7	(12/31/00)	esi delles
Transportation Referral Service	No No	Cerebrovascul ar Di abetes	33. 3 0. 0	Sex		RNs LPNs	113. 1 17. 4
Other Services	No	Respi ratory	0. 0			Nursing Assistants	
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	11. 1	Male Female	33. 3 66. 7	Aides & Orderlies	59. 4
Provi de Day Programming for Devel opmental ly Di sabled ************************************	No ****	*********	100. 0	*******	100. 0 *******	    *************************	*****

## Method of Reimbursement

		Medi (Titl			Medic Title			0th	er	Pri	vate	Pay		Manage	ed Care		Percent
			Per Dien	1		Per Die	m		Per Dier	n		Per Dien	1	_	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	7	100.0	\$296.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	2	100.0	\$500.00	9	100.0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depender		٠. ٠		0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	7	100.0		0	0.0		0	0.0		0	0.0		2	100.0		9	100.0%

\*

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needing Total Activities of Assi stance of Number of Percent Admissions from: % Totally Private Home/No Home Health 0.3 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Baťhi ng 11.1 88.9 0.0 Other Nursing Homes 0.6 Dressing 11. 1 88.9 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 98.8 Transferri ng 77.8 9 11.1 11. 1 0.0 Toilet Use 11. 1 77.8 11. 1 0.0 Eating 66.7 33.3 0.0 Other Locations \*\*\*\*\* 0.3 Total Number of Admissions 344 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 22. 2 **55. 6** Private Home/No Home Health 65. 5 Occ/Freq. Incontinent of Bladder 11. 1 0.0 Private Home/With Home Health 3. 5 Occ/Freq. Incontinent of Bowel 33. 3 0.0 Other Nursing Homes 11.6 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 12.5 Mobility 0.0 Physically Restrained 0.0 0.0 44.4 0.3 Other Locations 6.7 Skin Care Other Resident Characteristics Deaths 0.0 With Pressure Sores 33. 3 Have Advance Directives 77.8 Total Number of Discharges With Rashes Medi cati ons 0.0 Receiving Psychoactive Drugs 345 (Including Deaths) 44. 4

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	Other Hospital-	Al l			
	Facility	Based Facilities	Facilties			
	%	% Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	<b>52. 2</b>	87. 5 0. 60	84. 5	0. 62		
Current Residents from In-County	100. 0	83. 6 1. 20	77. 5	1. 29		
Admissions from In-County, Still Residing	2. 6	14. 5 0. 18	21. 5	0. 12		
Admi ssi ons/Average Daily Census	2866. 7	194. 5 14. 74	124. 3	23. 07		
Discharges/Average Daily Census	2875. 0	199. 6 14. 40	126. 1	22. 81		
Discharges To Private Residence/Average Daily Census	1983. 3	102. 6 19. 34	49. 9	39. 78		
Residents Receiving Skilled Care	100. 0	91. 2 1. 10	83. 3	1. 20		
Residents Aged 65 and Older	66. 7	91. 8 0. 73	87. 7	0. 76		
Title 19 (Medicaid) Funded Residents	0. 0	66. 7 0. 00	69. 0	0.00		
Private Pay Funded Residents	0. 0	23. 3 0. 00	22. 6	0.00		
Developmentally Disabled Residents	0. 0	1.4 0.00	7. 6	0.00		
Mentally Ill Residents	0. 0	30. 6 0. 00	33. 3	0.00		
General Medical Service Residents	11. 1	19. 2 0. 58	18. 4	0. 60		
Impaired ADL (Mean)*	44. 4	51. 6 0. 86	49. 4	0. 90		
Psychological Problems	44. 4	<b>52. 8 0. 84</b>	50. 1	0.89		
Nursing Care Required (Mean)*	12. 5	7.8 1.60	7. 2	1.75		